

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVII. WEDNESDAY, SEPTEMBER 22, 1847.

No. 8.

THE IRISH IMMIGRANTS' FEVER.

Gros Isle, 33 miles below Quebec, August 27, 1847.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Through the politeness of Mr. W. Stevenson, of Quebec, who runs a small steambot for the government, I have been able to make a short visit to this quarantine station, and am now on my return to Quebec; or shall be, as soon as our little steamer takes on board the last of the convalescents from the fever hospitals, which I see waiting on the dock. Presuming that our brethren generally, throughout the United States, feel a lively interest in the disease which is prevailing here and up the St. Lawrence, even to our own country, I propose to give you a rapid and superficial sketch of what I have seen, and what I may hereafter see; although, as I have been travelling for more than two months, and seen but few medical journals, I do not know but others have already done for you what I am about to attempt. If so, please send on my letter to my colleagues of the Western Journal, at Louisville.

GROS ISLE is one of the endless succession of beautiful islands which adorn this noble river, from Lake Ontario to the Gulf of St. Lawrence. Many of them consist of ancient *drift*, and have level surfaces which rise but a few feet above the water; but this is rocky and rugged, with heights of 80 or 100 feet, in its centre, and hence the name given it by the early French voyageurs. Its breadth is less than a mile, with a length of nearly two. The black birch, white cedar, and various kinds of pine, overshadow and partly obscure its stony surface.

The quarantine station is on the south east or right hand side, which, in the approach, presents three distinct groups of one story board sheds, some of which are mere cottages, but others from two to four hundred feet long. The lowest, or eastern group, is for the reception and temporary accommodation of immigrants in health; the next up the island, for the quarantine physician, and a small detachment of troops from the garrison at Quebec; the third, or western, more extensive than both the others, for the sick and their physicians, nurses, and a numerous body of carpenters, engaged in the erection of additional houses to receive the hundreds who are still lodged in tents and marquees. The buildings of each group are white-washed, and appear in pleasant contrast with the green slopes and tuberosities of the island, in their rear. The harbor in

front presents several ships at anchor, and two or three steamboats, with a neat and nearly finished dock, projecting to a distance into the stream. When we were near the harbor, a gentleman, Mr. Patten, who resides in its neighborhood, and who had kindly directed my attention to different objects on our little voyage, called my eye to an Irish immigrant ship, then passing us. On inspecting the group of passengers with a glass, I was surprised to find them so healthy in appearance; and when about to express myself to that effect, he discovered and announced that it was a ship from Bremen. Such is the difference between the German and Irish immigrants, in health and personal condition.

A distant view of Gros Isle suggests a new and busy colony, on a romantic shore; but a walk up the dock which leads directly to the hospital sheds, most painfully dispels the pleasing illusion. As I approached them, the emaciated forms and haggard faces of convalescents, sauntering about, or crouched on the ground and rocks, or sitting underneath the eaves, and on the piles of boards to be used for coffins, impressively told what might be expected within. Conducted by Mr. Patten, I passed through them without stopping, till we reached the quarters of Dr. George M. Douglas, the health officer, who received me with much hospitality. I found him lame, from a kind of hospital gangrene or slough, which had attacked one of his feet, but, intent on his duties, he was bravely hopping about, and answering a hundred questions, or giving as many orders.

Taking me in his buggy, he drove to his office in the midst of the sick, where I was introduced to several of his assistants. They are chiefly young physicians of Quebec and other towns of Canada, employed by the government. One to whom I was introduced, although walking about, labored under fever; and yesterday I saw another at Quebec, who had returned in the same condition. The number of assistants to-day is nine. Since the first of June, twenty-one or twenty-two have been employed. All, except Dr. Douglas, have experienced attacks of the fever, and three have died—one of whom was Dr. Frederick Cushing, formerly of the State of Maine. The exemption of Dr. Douglas is to be ascribed to his having already had the disease. After conversing a while on its symptoms and treatment, Dr. Watt and Dr. Fenwick conducted me to their respective hospitals, embracing six or eight hundred patients, where I took such a *coup d'œil* of the sick as my limited time would permit, examining, with some attention, a considerable number in every stage of the disease. From a necessity which the Canadian government, up to this time, has been unable to avert, all the sheds and tents are crowded to such a degree, that one can scarcely turn round among the sick. Men, women and children, in all stages of the disease up to dissolution, are huddled together, and lying in the same foul and infectious clothes with which they started from Ireland; and which, no doubt, they had worn, without change, for weeks or months before. The quarantine officers must not be blamed for this, since the means of classification and personal cleanliness are not within their reach. As to nursing, it is evidently in the lowest degree. Nearly all

the nurses from Quebec have sickened, and the immigrants furnish but few from their own body. Their sympathies for each other are manifestly small—either never had an existence, or have perished under the combined influence of famine and filth. Examples of the well members of a family refusing to wait on the sick, are familiar to all the medical gentlemen; and a total indifference to the death of nearest relatives, is witnessed every day. Following their remains to the grave, or in any manner assisting in their interment, is not thought of. But one idea seems to be present with them, that of getting up the river. A man who had recovered, on being asked by some one, whether he was going to Montreal in the next steamboat, replied that he wished to do so, but was afraid his wife would not die in time. The family of a young woman who was ill, *sent* to know how she was before they started. On being expostulated with, they said it was not worth while to stay any longer, as she would no doubt die. Mr. Barter, the apothecary of the hospital, who is now by my side, going to Quebec on official business, confirms all that has been told me by others, and adds, as the result of his own observation throughout the summer, that the living seem more pleased than grieved by the death of their friends. My own limited opportunities suggest the same unwelcome conclusion; for I saw no aspect of sorrow; but a stolid indifference, or inquisitive gazing, at what might be passing around, both in the crowds of convalescents, and in patients not very ill, who lay in the midst of the dying. It is painful to record this testimony against human nature; but we ought to know to what depths of degradation large masses of people may be sunk by superstition, ignorance, bad legislation, famine and fever. The interests of political economy, religion and medicine, are equally involved in the contemplation of such revolting facts.

Quebec, August 28th.

Before and since my trip to Gros Isle, I have visited the Marine Hospital of this city (under the care of several of its most respectable physicians), where a great number of seamen are down with the fever, and near which there are extensive sheds, filled with sick immigrants. I have also been at the House of Correction, and in the Hotel Dieu, where I saw cases; and at the private hospital of Dr. James Douglas and Dr. Racey, in Beauport, a village three miles from the city, where I saw still more. Many of the cases I examined with care, and held conversations, more or less protracted, with a number of the medical attendants, among whom I may mention Dr. Morrin, Dr. Racey, Dr. J. Douglas, Dr. Clark and Dr. Fremont, whom I may unite with the physicians of Gros Isle, as the authors of what I am about to say on the history and treatment of the fever.

1. The pauper immigrants from Ireland, are its chief victims; but it also affects the Irish pensioners, whose means must have kept them above the minimum of diet to which the former had been reduced by the famine; finally, it invades the officers and seamen of the ships which bring them over, and the physicians and nurses who wait upon them after their arrival. A great number die on the voyages, and many arrive ill; but

it has been observed at Gros Isle, that a large number are attacked soon after being landed. Others remain well and are sent on to Quebec, where a portion of them are taken down, while others escape till they reach Montreal, or the towns above. When at Oswego, in the State of New York, on my way out, I saw a number of cases.

It affects men rather more than women, and adults more than children; hence it has multiplied the number of infants on the banks of the St. Lawrence, to an unprecedented extent. I have already mentioned the mortality of the physicians at Gros Isle, a seventh of whom have died. In the Marine Hospital of Quebec, nine or ten of the old nurses have perished, and others are disabled, so that there is not one now on duty who was there before the fever was introduced. In the sheds, both there and here, but especially there, the crowd of patients is so great, that one, as I have said, can barely turn round among them, and in several of them men, women and children, are indiscriminately huddled together. As the government has not undertaken to furnish them with clothing, most of them lie in the foul and tattered garments which they wore during the voyage, and perhaps long before. Now whether the disease is propagated by a gas developed chemically, from the organic matter which surrounds them, or by a morbid, æriform secretion, from their bodies, we are at no loss to account for the sickness of physicians and nurses. On the question of its spread beyond the sheds and hospitals, I have sought for information. The medical gentlemen with whom I have conversed, without a single exception, are of opinion, that it can be communicated by fomites, and cite instances of its appearing in families which had never communicated with any of the wards, but had employed those who had recovered from attacks. In the private hospital of Drs. Douglas and Racey, where there is cleanliness, free ventilation and ample space, very few of the attendants are attacked. On the whole, it appears to me that its mode of propagation should still be kept *sub judice*.

2. After seeing patients in every stage of the fever, and conversing with the gentlemen whom I have named, I may venture to give the following desultory account of its symptoms and progress.

Most of the cases are not seen in the beginning by physicians, and no reliable accounts can be gotten of them; but, on the whole, the majority seem to sicken gradually; and in reference to those who had been greatly reduced by famine, this is perhaps always the case. There are, however, many examples of sudden and violent invasion, followed by a malignant development, and death in a few days. In no instance does the chill become very intense, though it may be protracted; nor is the arterial re-action high. In some cases the latter, in fact, never manifests itself—the vital forces being inadequate to a rally. The pulse is never tense, and in the highest re-action always easily compressible; its frequency is increased, but not to a remarkable degree; it often becomes almost imperceptible, in those who ultimately recover. From the beginning the *primæ viæ* are more or less, but variously, disordered. In some there is nausea and vomiting; in all, loss of appetite, with thirst.



Some are costive in the forming stage, and even throughout the fever : in others, there is a *precursory* diarrhoea ; in the majority a *supervening* diarrhoea, or actual dysentery. I could not ascertain that there is generally a superabundant excretion of bile. The tongue, at the onset, is always covered with white fur, through which the red papillæ sometimes show themselves ; in part the edges and tip of the organ show some unnatural redness, but in the greater number the natural color is not exalted, but even reduced, so that the white fur seems to shoot out of a pallid membrane. At the same time the organ becomes broader and flatter, loses its elasticity, and receives indentations from the teeth, on which I seldom saw any sordes. Its moisture continues in a remarkable degree ; it may be reduced, but not to the point of dryness ; and the whiteness of the fur endures to a period equally late. The dry, contracted, mahogany tongue, of genuine typhus, often appears, it is true ; but in numerous instances the moist and pale state of the organ continues up to the time of dissolution. The usual inequality of heat, between the upper and lower parts of the body, is common. I saw many patients in which the latter were cold, and some in which the former were decidedly hot, but great development of caloric is not, I think, a constant phenomenon. Delirium is more prevalent than coma. Many patients, during the night, when it is greatest, are restless, and even locomotive—becoming, the next day, composed and of sound mind. Somnolency did not appear to me to be a conspicuous symptom. Headache is often present. Of the dull and red eye I saw much less than I had expected. A circumscribed flush of the cheek is frequent, but not universal. A bilious tinge of the visage occasionally shows itself. Sub-sultus tendinum is comparatively rare. I saw many who seemed to be almost in *articulo mortis*, and yet showed little or none of that symptom.

The skin shows various kinds of maculæ. In a few, genuine rose-colored spots show themselves, but very soon assume a darker color. In the majority, the spots are purple from their first appearance, and of every size, from ordinary petechiæ up to diffused ecchymoses—often bearing a close resemblance to *post-mortem* hyperæmias. In some cases the spots are hard, like wheals, and the seat of a sensation which leads the patient to scratch them, whereupon ulcers follow, which occasionally assume a sloughing character. Hæmorrhages from the nose are somewhat common, from the bowels and skin not quite so frequent ; nevertheless, all the medical gentlemen have had cases of well-marked purpura hæmorrhagica, mixed up with the fever cases ; and it may be safely affirmed, that in these immigrants, the blood, under the influence of a reduced or unhealthy diet, has become signally deteriorated.

When the fever assumes a protracted form, anasarcaous infiltrations into the cellular tissue of the lower extremities or the face, frequently take place. Suppurations, in addition to those of the skin just mentioned, are common. Those about the back and hips, may be ascribed to pressure ; but others, occurring in glands, must be referred to the fever. Of these organs, the parotids suffer oftener than all the rest, and the discharge of pus, when they suppurate, is copious ; such cases generally end well.

A supervening bronchial or pulmonary affection, is, on the other hand, ominous, and, as it frequently occurs, may be considered one of the inodes in which the fever comes to a fatal termination.

But of all the secondary affections, that of the bowels is most frequent and fatal; though death may not occur for a considerable time after the febrile period has expired. This intestinal disorder seems to be a sort of mixed up diarrhoea and dysentery, under which the patient loses the original febrile symptoms, and, becoming extremely emaciated, gradually sinks. In some instances, this affection sets in during the fever—in others it is excited, in the period of convalescence, by irregularities of diet: in all, it is an ugly, obstinate, and unmanageable *addendum*. In the months of June and July, it was much less frequent than at the present time, when so large a proportion of the patients labor under it, as almost to constitute it a new act in the melancholy drama.

I have mentioned the nocturnal delirium of some patients, indicating an exacerbation at night; and may add to this evidence of periodicity, that in a few cases there has been a diurnal recurrence of the initial chilliness; the general character of the fever, however, is continued. I have spoken of cases which prove fatal in three or four days. They are few in number; and the common duration is from two to three weeks, always excepting those which merge in diarrhoea or dysentery, when the end is quite indefinite.

When death is the consequence of cerebral, pulmonary, hepatic or intestinal concentration, the reason of its occurrence is intelligible enough; but the majority do not seem to die from these lesions; and the cause of their dissolution is, *prima facie*, rather obscure. In every ward that I visited, I was surprised at the small amount of visible manifestation of dangerous disease; and, more than once, was prompted to say to the medical gentlemen, "I can't see why so many of your patients die." In wards from which many corpses were daily carried out, there would be but few who did not look at and after us; put out their moist tongues with facility, and make known their wants; yet many such patients die soon afterwards. Others die, when the physician has pronounced them convalescent—others after they have risen and dressed themselves, and crawled into the open air. Such deaths cannot be regarded as the effect of any particular organic lesion, but of a stage of exhaustion or collapse, bearing some resemblance to the third stage of yellow fever, or the recurring chill of a malignant intermittent in the South West; but more, perhaps, to the fatal stage of epidemic cholera.

After this imperfect, but, I believe, not unfaithful sketch of the history of this fever, I must proceed to its cure.

3. It is a maxim with the physicians of Gros Isle and Quebec, that a great amount of medication is inadmissible in this malady. Scarcely a patient is ever brought to them while the fever is still in its forming stage, so that there are but few opportunities of knowing whether art could arrest it in that stage. Once established in the system, the general opinion is that it cannot be cut short. The treatment, then, is merely palliative and corroborative.

By all the physicians, in almost every case, the lancet is repudiated, even when the patients are commanders of ships, and seamen, in whom famine had not preceded the attack. Local bleeding is almost as little employed, the majority of the physicians preferring counter-irritants, when the brain or the lungs are affected.

Emetics are prescribed by some, who speak well of their effects; but others think they predispose to congestions of the brain. It has not been observed by any that they break up the disease.

All employ cathartics; but the kinds, and the degrees of their administration, present considerable variety; into which, however, I shall not enter, as drastic or long-continued purging is condemned by the whole.

Of sweating I can say nothing, for the patients, generally, are placed under such circumstances as preclude a resort to it.

A standard, or standing, febrifuge mixture, at Gros Isle, as given me by the apothecary, Mr. Barter, is the following:—R. Sod. et pot. tart.,  $\mathfrak{z}$  ij.; liq. ammon. acet.,  $\mathfrak{z}$  jss.; spt. ether. nitr.,  $\mathfrak{z}$  ss.; aquæ commun.,  $\mathfrak{z}$  xij. Misce. Another is composed of the camphorated mixture, tincture of hyoscyamus and tartar emetic.

Some of the medical gentlemen attach but little value to this class of medicines, and rely, during the more acute stages of the fever, chiefly on free dilution; but advise against the addition of acids, as likely to irritate the bowels into diarrhœa.

Opium is not in much favor in any stage of the fever. At a comparatively early period, some physicians commence the administration of wine and aliment, a practice condemned by others, as dangerous to the brain; but all concur in this, that, sooner or later, and sometimes quite early, there comes a pathological condition which demands prompt and energetic stimulation. In this resort a choice of means is not to be neglected. Of the whole materia medica, camphor is the most reliable. It is given in doses of ten, twenty or even thirty grains, and often arrests the sudden sinking of the powers of life, and determines a speedy recovery. At the same time alcoholic stimulants, sulphate of quinia, food and sinapisms are employed.

For the diarrhœa and dysentery, the cretaceous mixture, hydragry. cum creta, astringents, and diluted nitric acid, with laudanum, are the usual prescriptions.

Montreal, September 3d.

A large number are sick in the sheds at this place; attacked, of course, after they had left the quarantine ground. A great proportion of them are said to have dysentery. The deaths are numerous. The fever, here, is by no means confined to immigrants, but has invaded the city, and added greatly to its ordinary summer mortality. Its victims, however, are largely of that class which, living near the wharves, received and mingled with the immigrants, before sheds were provided for their reception. In conversing with several of the most intelligent physicians here, I find the treatment to be substantially the same as at Gros Isle and Quebec; but latterly, as Dr. Badgely informed me, increasing reliance

is placed on nitric acid. He uses the following formula :—R. Acid. nitr. ʒ j. ; alcohol, ʒ iv. ; aquæ, ʒ iv. Misce. An ounce is to be given every hour, beginning early in the disease, and without much preparation of the system. Under its administration, he and other gentlemen have, as he assured me, seen the pulse rapidly reduced in frequency, with a corresponding abatement of all the febrile symptoms.

When at Gros Isle I inquired as to *post-mortem* inspections, and could hear of only two. They were made by Dr. Watt, who found the liver engorged, and, as he believed, fatty. The state of the organs convinced him that the one mentioned suffered more than any other, which led him to prescribe purges of calomel and gamboge. In Quebec I could not learn that any dissections had been made. In this city Dr. Fraser has published, in the July No. of Dr. Hall's valuable "*British American Journal of Medical and Physical Sciences*," a short paper, in which he says :—

"The morbid appearances found on dissection, are venous congestion, with effusion of serum on the surface, in the ventricles, and base of the brain, but no trace of active inflammation. When the case has been complicated with bronchitis, I have found the bronchial mucous membrane throughout tumid, swollen, highly vascular, and containing much mucus ; the vascularity extending to the submucous tissue, with congestion and partial hepatization of portions of the lungs. When diarrhoea has existed, the small intestines, especially the lower portion of the ileum, has presented the appearance of active congestion of its mucous coat, which was slightly thickened, without being softened ; some patches had the appearance of sanguineous extravasation, not unlike the maculæ observed on the skin. When the patient had a jaundiced appearance, a common occurrence in this epidemic, I have found the liver enlarged from congestion, presenting a bloody and bilious appearance when cut into, and the gall-bladder distended with inspissated bile, thick enough to maintain its form when deprived of its covering. When there has been only a slight bilious tinge of the skin and conjunctivæ, the liver presented the same appearance in a less degree, the bile in the gall-bladder being about the consistence of treacle."

Dr. Fraser does not tell us how many autopsies he had made ; and we cannot but regret that so little has been done, where the opportunities are so great. It may be given in extenuation, however, that the physicians, in attendance, are over-worked, and that many of them have been ill with the fever.

I have no time to give you the statistics of this disease, had I been able to collect full data. The number of deaths, in proportion to that of the cases, never will be known, as nearly every form of disease in the immigrants goes very much under one name. I may say, in general terms, that the mortality has been, and still continues, very great. Take the following as specimens. At Gros Isle, for the week preceding the 24th of August, the number of patients averaged more than 2000, and the deaths amounted to 288. In the Marine and Emigrant Hospital of Quebec, the average for the week ending the 21st of August was about 850,

the deaths 166; to which might be added 34 said to have died of dysentery, a sequel of the fever. The Montreal returns would be about the same; and present, in the aggregate, about 100 deaths a-day at the three places. At Gros Isle alone, up to the 20th of August, the deaths had amounted to 2116. The disease had then prevailed about three months. A portion of them, however, have resulted from smallpox, which has prevailed to a considerable extent on the island, and more or less, I believe, in Quebec and Montreal, certainly in the latter, where I saw it in the General Hospital.

The British government have lately made an effort to arrest the fever by disinfecting agents. Dr. Stratton, of the Royal Navy, but sojourning in Upper Canada, has been commissioned to this enterprise, and arrived in Quebec while I was there. He was advised that two agents would be forwarded to him. One proved, on opening the package, to be Sir William Burnett's patent disinfecting fluid; the other, a small bale of dresses for a lady! which had been forwarded from Halifax (by mistake) instead of Lédoyen's disinfecting fluid. The former (of which Dr. Stratton kindly presented me with a small vial, which I carry in my trunk as an amulet) is said, by the medical gentlemen of this quarter, to be a solution of the chloride of zinc. The latter, according to Dr. Hall, is a liquor of nitrate of lead. When I left Quebec, arrangements were making for experiments in the Marine Hospital, but its physicians seemed to think lightly of the practical value of such measures. When I was at Gros Isle, Dr. Douglas, the Quarantine Physician, sagaciously remarked, that the proper place for such experiments is an emigrant ship on her voyage.

In conclusion, I must beg of you to correct at least the grosser blunders of style, which are unavoidable in the circumstances under which I have written this most hurried epistle. With all its imperfections, it may, however, be of some interest to such of your readers as may not have seen much of what may have been written by others on the Irish epidemic; and in that conviction I dismiss it, by subscribing myself, very respectfully,

Your ob't serv't,

DAN. DRAKE.

#### CASE OF INTERSTITIAL UTERINE PREGNANCY.

THE *Révue Médicale* contains an original communication of a case of interstitial uterine pregnancy, terminating fatally, by Dr. Payan, Surgeon of the Hotel Dieu d'Aix. There was this point, in addition to the rarity of it, interesting in the case, viz., that from the sudden death of the woman, without any obvious cause, a judicial inquiry was made, and a *post-mortem* examination, which revealed the true nature of the case.

A woman, unmarried, aged 32, strong and robust, mother of one child, and one used to active exercise in carrying messages, &c., for different people of the town, had now gone three months in pregnancy. After having been partaking of a feast with a paramour during the day, she felt unwell in the evening, and was seized with violent pains in the hypo-

gastric region, with excessive thirst and great prostration. She retired to bed, hoping to gain ease; but this failing, she sent for a practitioner, who applied leeches over the pubic region. But this was without effect; her state became worse; she grew more and more pale; her pulse became gradually feebler, and her vision obscured. Frequent syncope, moreover, occurred, and two hours after the onset of the attack she expired.

Her death being looked upon with some suspicion, three physicians were commissioned to make an examination of the body. Nothing appeared on the surface of the body. The abdomen being opened, a large quantity of blood, mixed with the serum of the cavity, was found in the peritoneal sac; and towards the hypogastric region, the blood occurred in large clots, entirely covering the uterus. These clots being removed, the uterus was ascertained to be increased in size; but what was most remarkable, was a prominence situated at its upper part, representing, in the greater part of its extent, a diaphanous wall, through which an embryo could be perceived, and which was constantly out of its normal position. The suspicion excited among those present was, that an attempt at procuring abortion had been made, which had thrust the embryo from its natural situation. With this idea in their mind, the examination was proceeded with, by the removal of the anterior portion of the pelvis, along with the internal and external organs of generation, and the bladder and rectum. An incision was then made through the symphysis pubis, and then traversing the wall of the urethra and bladder; but no traces of injury could be found. The vagina was opened, with no other result. The os and cervix uteri were so far dilated, or extensible, as to admit the little finger. The neck and body of the uterus being opened, some reddish-brown patches, of little extent, were noticed; but no solution of continuity. The uterus was developed to the degree met with in the third month of gestation, but its cavity contained no foetus. It was lined throughout by a kind of false membrane, incompletely organized, in the form of a concrete matter of considerable thickness, as a sort of soft, mucous, grey coat; not a drop of blood was discovered in the uterus. Connected with the uterine cavity, near its fundus, on the left side, and in the neighborhood of the uterine opening of the Fallopian tubes, was another sac, formed in the substance of the uterus. Into this accidental cavity the left Fallopian tube seemed to open. There appeared no communication between the true uterine cavity and this false interstitial one. The wall of the latter, by the inward pressure exerted, was very thin and translucent, looking like a mere fold of peritoneum, although, its structure being traced, its origin at the expense of the uterine substance was cognizable. In this secondary cavity, the entire foetus, with its placenta, was lodged. It had the usual size of one at the third month—was of the male sex, free from all lesion, and attached by an umbilical cord to a placenta seated above and behind it. The hæmorrhage in the peritoneal cavity was accounted for by a rupture of the sac having taken place.

It was endeavored to set up another view of this case, involving some

parties in guilt for attempting to bring about abortion. The interpretation of appearances, by the view just alluded to, was, that a foreign body, as a sound, had been introduced, by the aid of a speculum, between the wall of the uterus and the fetal membranes, and pushed on to the fundus of the uterus, so as to produce there a perforation; that by this perforation, the womb was excited to contraction, and that such contractions drove the fetus from its cavity through the perforation; that what was regarded as a cyst, containing the fetus, and derivable from the uterine wall, was no other than the ovum, with its membranes, attached to the surface of the uterus by the clots of blood, &c. This view, it was pretended, was upheld by some reddish spots about the orifice of the vagina (but which were evidently of old date) and towards the neck of the uterus; by the possibility of introducing the little finger through the os uteri; and from the capacity of the womb being deemed greater than it would be if it had contained nothing. But the last is no objection, since the uterus is known to augment in volume in all cases of extra-uterine foetation; and the other objections, also, are groundless; for the laxity of the os uteri is explicable from the hæmorrhage; the spots on the vagina were old; and those on the uterus offered no trace of abrasion. Lastly, the appearances met with were not explicable by this forced hypothesis.

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#### THE EMPLOYMENT OF GLASSES IN AMAUROSIS.

CHARLATANS have long been in the habit of employing convex glasses in amaurosis, and those practitioners who have followed their example have explained the occasional benefit thence resulting by the excitement of an asthenic retina; but, according to M. Sichel's views, they are only useful when the amaurosis has followed presbyopia. In these cases, even, very convex glasses should not be employed before fully trying the effect of feebler ones. He has long been aware of the modifications which the difference in the length of normal vision impresses on the symptoms. Thus, in the condition of amblyopia from presbyopia, slightly voluminous objects are best seen when held at more or less distance—the sight at a distance remaining good, although impaired for near objects. In such cases, sight is notably improved by convex glasses. After a long period, however, when the patient's sight becomes shortened to a great extent, glasses are of no use, and the amaurosis is incurable. In myopia, the sight, while enfeebling also at a far earlier period, becomes shorter, and convex glasses do not facilitate vision, unless placed very near the eye so as to act as magnifying glasses, at the same time stimulating, and eventually injuring the retina. Thus, we would expect, as in fact is the case, that, in amaurosis from presbyopia, glasses would prove useful, and the more so as its origin is local—i. e., produced by fatigue of the organ of vision. Hence they frequently prove of service both in the treatment and the diagnosis of the affection. Strong glasses must not be employed if the case is not a very old one, the presbyopia



excessive, the foci of the eyes unequal, or the patient unable to suspend his occupations. It is doubtful if any case of cure of myopia by these means has ever occurred.

There is a variety of *presbyopic amblyopia*, however, from which patients derive no benefit from glasses, and on inquiry such persons will have been found to have employed their unprotected eyes long after defective vision had manifested itself. The eye has thus been forced to accommodate itself to minute objects until positively unable to continue to do so. In this case the retina must be allowed to recover itself by repose, and by frequent exercise on large and distant objects, after which the 96-inch focus may be employed. Often, however, stronger glasses will be required, the patient by exertion of the unassisted eye having contracted an *acquired myopia*. Although this form of amblyopia is usually of slow occurrence, it occasionally comes on rapidly, if the eyes are sedulously employed upon smaller objects than they are accustomed to. This is the case with some children who are too early employed in reading, sewing, &c. Presbyopic amblyopia generally occurs without complications, but it may exist in conjunction with cerebro-ocular congestion, dysmenorrhœa, constipation, &c.—conditions which much favor the occurrence of amblyopia in presbyopia. These complications must be removed before recurrence is had to glasses or local stimuli. It may also be associated with various other diseased conditions of the eye, often rendering their diagnosis very obscure. The complication of presbyopia with conjunctivitis has frequently given rise to the supposition of an amblyopia which has had no existence in fact.—*Medico-Chirurgical Review*.

#### CHRONIC FURUNCLES.

By Robert J. Graves, M.D., Dublin.

I HAVE obtained permission from my friend, Dr. Orpen, of Cove, to publish the following particulars of a disease of the skin to which he became subject, and the symptoms of which his letter accurately details:

"My dear Sir,—I would feel much obliged by your giving me your opinion on a very painful and troublesome furuncular affection I have been subject to for some time. The first attack I had of it, which is nearly five years ago, came on my hands and wrists, and I attributed it to some matter that got on my hands while dressing a case of phlegmonous erysipelas of the scalp, attended with *profuse* suppuration. That attack lasted three or four months. I had another severe attack last year, after attending a bad case of sloughing phagedæna of the penis, scrotum, and groin, from primary syphilis. I was not aware that I had any cut or scratch on my finger at the time; I used the greatest caution in touching the sore, and did not cut myself at the time; still I had a very painful eruption of boils afterwards, which lasted three months. I had a third attack last summer, and am now suffering from the fourth.

"The eruption is more a purple hard tubercle, than a pustule or boil; in some very bad ones they are preceded by a small vesicle, with a white

areola, about the size of a sixpence or shilling, in which case there is some deep suppuration afterwards; but they generally suppurate very slowly and imperfectly.

"I intended to have consulted you about it when in Dublin, but as I was free from them at that time, I did not wish to trouble you; but this eruption is now becoming more frequent, and appears to be brought on by anything that irritates the skin; a hard ride on horseback is generally followed by several of them. I have tried various remedies, such as mercurial alteratives, with soda; sarsaparilla, and Brandish's solution; and quinine (which gave me a headache); I have frequently cut them across with a scalpel, or applied caustic to them, which prevents some from suppurating. I was advised to use calomel and James's powder in small doses, with spare diet, which relieved me at the time, but the eruption returned soon after. I was also lately recommended tonics, with porter and nourishing diet; which latter—I mean the porter and full diet—generally bring on headache, so I am afraid of them.

"I have also consulted your most valuable work, expecting to find some consolatory advice that I have so frequently had from it in fevers and other cases, but I did not find any case exactly corresponding to my own. I have, therefore, taken the liberty of applying to you directly, and laying this statement of my case before you. Let me know particularly as to diet. I used to be very dyspeptic, but of late I feel myself in better health and spirits, only that I am so much annoyed by these *boils, pustules or tubercles*. My pulse used to be 75 to 80; it is now 60.

"I am, dear sir, yours most sincerely,

"THOMAS H. ORPEN."

I advised Dr. Orpen to try the following prescription, recommended by Dr. Erichson in the Medical Gazette of November 14th, 1845:—Liquor of caustic potash, one ounce, and half an ounce of bicarbonate of potash, in seven ounces of water. One tablespoonful to be taken twice a-day in half a tumblerful of nettle tea, and the dose to be gradually increased until an ounce is taken at a time. Dr. Orpen persevered for a considerable time in the use of this remedy, occasionally intermitting it, and was at length completely restored to health. He used, by my advice, a generous but not heating diet. With respect to inoculation of the system by means of morbid animal matter, I have seen frequent instances of it in cases where such inoculation was new to me. A young lady had erythema nodosum of her legs, some of the tumors of which, being neglected, and irritated by friction, ran into superficial pustules. Her mother opened some of these with a needle, and, during the operation, a drop of the fluid fell upon the back of her middle finger. In ten minutes after she felt a tingling and painful sensation in the unbroken skin of the part, which she had merely wiped and not washed, being entirely occupied with her daughter. The spot soon became inflamed, and next day an angry pustule, exactly similar to those on her daughter's legs, formed on the finger.—*Dublin Quarterly Journal of Medical Science.*

## TRIAL FOR MALPRACTICE.

**FRANCIS BUGARD vs. GEORGE GROSS.**—This was an action for alleged malpractice, tried in the Court of Common Pleas at Buffalo, County of Erie, and State of New York, June 21, 1847.

Judge Stevens presiding. L. T. Williams and Seth C. Hawley, counsel for plaintiff; James Mullett and W. W. Peacock, counsel for defendant.

It appeared in evidence on the trial, that the plaintiff, 23 years old, is a steady, industrious farmer, residing on Eleven Mile Creek, in the town of Amherst; and that the defendant is a botanic and root doctor, practising in Williamsville, not far from Eleven Mile Creek.

On the 17th of September last, about nine months since, Francis was chopping a log in the woods, and by the sudden displacement of that portion upon which he was standing, he was thrown backwards, striking upon the corner and back part of the humerus. Two or three hours afterwards he was seen by the defendant, who upon examination said it was out of joint, and perhaps broken; and after pouring warm water on it about ten minutes to reduce the swelling, he employed extension and counter-extension in a straight line, and professed to have reduced it, yet the arm now, as before, could not be flexed, except very slightly. Defendant then applied two shingle splints, one to the arm, extending from the outer condyle of the humerus, upwards about three inches, and the other from the coronoid process downwards on the forearm, about the same distance—for what purpose these splints were applied was never attempted to be shown. The arm was then suspended by the side of the body in a nearly straight line, and secured by a couple of handkerchiefs.

September 18.—Defendant took the splint off, and witnesses noticed that the bones were not in place. Defendant said it was "swelled up so bad he could hardly tell if it was right or not." The same dressings were re-applied, and the arm placed in the same extended position—the only one in which it could be kept. Defendant also gave Francis a liniment to reduce the swelling, which "burnt like fire," and produced excoriations. Defendant then said, "put warm water in a bottle, and put it by the arm, may be he caught cold the night before, because he suffered so much." Said he once set an ankle which had been out six times, &c.

19th.—Defendant examined it again, and said it was not right—that Francis had got it out of place (although it did not appear but that he had been extremely careful). Having again poured warm water on it during five minutes to reduce the swelling, and make it yield better, two men were directed to make extension and counter-extension in a straight line, while defendant manipulated at the elbow. After about one minute's pulling, Gross said he guessed it was in, and the men ceased pulling. The arm, however, remained as before, nearly straight, and the deformity at the elbow continued.

The same splints and liniment were re-applied, with further directions

to pour milk under the dressings if the liniment smarted too much. When defendant went out he said "they generally have an iron box to set the elbow in, but I have not got one myself, I will get one of Dr. Ham," &c.

22d.—Defendant removed the dressings and tried to bend the arm, but could not. Saw an ecchymosis in axilla, and directed fomentations of wormwood and vinegar to be applied. The same splints were re-applied, and the liniment continued. Gross said it was "gaining very fast"—"it was right."

This treatment was continued eighteen days, and the arm was then left in its present shape and position. About three or four weeks after the occurrence of the accident, Francis called on Gross; Gross proposed to "break it over again," and sent him to Buffalo for the opinion of Drs. Hill and Davis, both Thomsonians.

The testimony as to the facts having closed, Drs. Hamilton and Sprague were examined as to their professional opinions, &c.

Dr. Hamilton testified that he had seen the arm; that it is a backward luxation of radius and ulna; arm is nearly straight and admits of but very slight motion at elbow-joint; thinks it was always the same luxation, and without fracture; thinks the luxation could have been easily diagnosed within two or three hours after the accident. The swelling could not have been great at that time, or it would have obliterated the fossa between the olecranon and the inner condyle, which one of the witnesses swears was as manifest then as now; if a fracture of any of the bones about the point had actually existed, it would be apparent now, since the treatment was not such as would be proper for any fracture about the elbow-joint, and a deformity at the point of fracture must have resulted. The reduction of this luxation at an early hour, is easily effected—always bends the forearm upon the arm to displace the coronoid process from the fossa of the humerus. This is the practice of all the modern surgeons except Liston. Liston straightens the arm, but carries it far back, so as completely to relax the triceps. The plan described by the witnesses as pursued by the defendant was not the same; he pulled in a straight line and directly forwards, which put the triceps upon the stretch. It would require very great power to reduce the arm in this way. If it were reduced it could have been bent up to at least a right angle. This is the position in which it ought to have been placed—no splints were necessary. We sometimes use a moveable right-angled splint, when it is a child, who will tumble about, but the splints employed could not have been of the least service. The application of stimulating liniments was bad treatment. The reduction could not have been as easily effected on the third as on the first day; if it be true that fractures can be as well reduced after a few days as at first, it certainly is not so with dislocations—every day increases the difficulty. Dislocated elbow, radius and ulna backwards, have been reduced after several weeks, but generally the witness would be unwilling to make the attempt after six weeks. There is danger to the limb when the attempt is made at two weeks, and witness would so state to the patient before attempting the reduction.

Dr. Sprague testified (Dr. Sprague was requested by the counsel for plaintiff to examine the arm, which he did) that he had examined the arm, it is deformed; there is a dislocation of the radius and ulna backwards; bones are situated in this manner (showing the position of the bones upon a skeleton of an arm which was handed to him), the coronoid process is lodged in the fossa of the humerus. Witness reduces this dislocation by bending the arm forcibly across the knee or around the back of a chair, and then he sometimes suddenly brings it straight. The course pursued by the defendant would not be likely to reduce the bones; the splints used in this case could not have been of any service; the arm ought to have been kept at right angles; generally no great difficulty in discovering this dislocation; not very liable to get out of place; would not generally attempt to reduce a dislocation of this kind after five, six or seven weeks.

Dr. Milo W. Hill (a botanic physician of Buffalo) testified on the part of the *defence*, that plaintiff came into his office in February; said he came to have his arm examined; defendant came with him; wished to know what could be done with it. Dr. Hill examined, and then took him into Dr. Field's office (an oculist). Dr. Hill said he was formerly of the old school, but is now a botanic doctor. Dr. H. advised him to go to some other doctor, Dr. Sprague he thinks.

Dr. Wm. Field testified that he had heard Dr. Hill, and concurred in all his statements.

Dr. Davis (botanic doctor) testified only in relation to the mental condition of one of defendant's witnesses.

*The jury returned a verdict for the plaintiff of one thousand dollars.*  
*Buffalo Medical Journal.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 22, 1847.

*Presidency of the Massachusetts Medical Society.*—A rumor is abroad that Dr. Howe, of Billerica, who, at the last annual meeting, was elected to preside over the Society the present year, may not accept the honor. If this should prove to be true, the same body will have to make a third effort for a president. There was a deep feeling of regret that Dr. Alden, of Randolph, could not be induced to take the chair, to which he was elected; and we are quite sure, also, that the members generally would regret extremely should Dr. Howe be unwilling to enter upon the duties of the office. He is a gentleman extensively known to the profession of the Commonwealth, as an eminent practitioner and an excellent man.

*Lectures on Embryology.*—That learned and eminently distinguished naturalist, Prof. Agassiz, is now lecturing on Mondays, Wednesdays and

Fridays, on embryology, at the Tremont-street Medical School, in this city. As he both astonishes and delights those who have heard him, on a variety of subjects, with the vastness of his exact attainments in science, those who are privileged to listen to him, through the present series of lectures, will have a rare opportunity for acquiring knowledge on an important branch of science. We congratulate the Tremont School on the advantages that must necessarily accrue to the institution from the services of Prof. Agassiz. Why could not the lectures have been delivered in the afternoon or evening, with a view to gratifying a great number, including ourselves, who cannot possibly go in the morning, but who are exceedingly unwilling to lose a chance of profiting by the illustrations and researches of that celebrated savan.

*Bronchotomy.*—An anonymous correspondent has sent us, through the Post Office, the following report of a successful operation, extracted from the Brunswick Journal. It appears that a little boy, five years of age, residing in Webster, Me., some time since, we should infer from the narrative, got a beach nut into the trachea. "Hoarseness, great difficulty of breathing and intense suffering immediately followed. A variety of expedients were resorted to for dislodging the nut, such as administering an emetic, holding him up by his heels, &c. &c., but to no purpose. Twenty-eight hours were consumed in such trials. Dr. McKeen, of Topsham, upon seeing the patient, at once gave it as his opinion that nothing short of an immediate operation could save the little fellow's life, and, night though it was, it would be fatal to postpone the operation until daylight. The windpipe was accordingly opened forthwith, to the extent of an inch and a quarter just above the breast bone. Immediate relief was felt from impending suffocation, and the lad recovered his consciousness. This showed that the beach nut was situated above the artificial opening. A few minutes respite was given the patient,—he breathing through the artificial opening comfortably.

"Repeated efforts were next made to ascertain the exact position of the nut, and the cause of its retention. A variety of forceps and other instruments were introduced, through the wound, for the purpose of seizing it—but all the essays were unsuccessful. At length it occurred to the doctor to pass a strong thread into the windpipe, through the wound upward into the mouth, by means of a delicate probe. This was with some difficulty accomplished. A small piece of sponge was next tied to the thread which hung out of the mouth. With one finger he guided it into the windpipe at the roots of the tongue, while with the other he drew the thread downward through the wound. The sponge by this movement was made to sweep over the whole extent of the windpipe above the wound, and upon its emerging from the artificial opening, it brought along with it the nut, which was withered, and its angular projections caused it to adhere with the tenacity of a burr."

*Death by Homœopathic Medicine.*—The following narrative has been made public through some of the newspapers. It seems that a jury of inquest was recently held at Stockport, N. Y., on the body of Martin Van Sickler, who died Aug. 16th, under the following circumstances:—"He called on Dr. John B. Philip, a homœopathic physician, for some pills for

a pain in the side, &c. Dr. Philip gave him two vials of pills, one containing 24, the other 32 pills, with written directions to take one three times a day, and if it produced any burning pain, then to take but half of one at a time. It seemed, from the testimony on the inquest, that Van Sickler's illness was feigned, and that there was an understanding between him and Dr. Schermerhorn, of Stockport, that he should get the pills and take them, for the purpose of ridiculing Dr. Philip and his medicine. Dr. Schermerhorn assured Van Sickler that he need not be afraid to take the whole lot, as they would hurt no one. Accordingly, Van Sickler took the whole of the pills, under the advice of Dr. S., and the result was his death about one o'clock the next morning.

"Dr. Philip testified that he was called on the night of the 16th, by Dr. Schermerhorn, who wished him immediately to go and see the deceased.

"Dr. P. told him it was useless if he had taken all the medicine sent, at once, as it would produce death.

"According to the testimony of Dr. Whitbreak, of Hudson, the deceased came to his death by taking an over-dose of strychnine and arsenic pills. Accordingly the jury found that he came to his death by taking the medicine, contrary to the direction of Dr. Philip."

**Homœopathic Veterinary Medicine.**—Some of our readers may have thought that the announcement of this treatise, some two or three weeks since, was intended for a pleasant jest, at the expense of the disciples of homœopathy. But the book is a sober reality, containing 408 duodecimo pages, and giving explicit directions for prescribing, homœopathically, for horses, oxen, sheep, dogs, and other domestic animals. We like the idea—having long been of an opinion that some of these dumb beasts have suffered shamefully, and cruelly, too, by over-dosing, through the criminal ignorance of farriers and horse doctors generally. The new practice proposed for them amounts to nothing more than leaving them to nature, untormented. A further notice of the character of this anomalous work is intended.

**Effects of Vice on Health.**—The unhappy females "who continually perambulate the streets of London, the lowest estimate of whose number is 60,000, and the average length of whose lives, after their departure from the paths of virtue, is limited to five years," are a melancholy evidence of the penalty of violating physical as well as moral laws. Although the French writers endeavor to make it appear that prostitution does not materially shorten life, or necessarily impair the health of individuals, so long as they remain free from diseases incident to that course of life, the statistics of all other countries present an entirely different picture. Physicians, in all the American cities, were they to relate what they know on this subject, would, it is thought, confirm the opinion generally entertained, that prostitution almost invariably leads to premature death. But notwithstanding the general sentiment of mankind against its toleration, especially in christian lands, the efforts of the legislature and the local police, and the aid of religion, all acting in harmony for the suppression of this blot upon civilization, the vice is certainly increasing in all the cities of the United States.

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*New Honors for Berzelius.*—"The Senate of the Royal University of Copenhagen have just appointed Baron Berzelius an honorary Doctor in Philosophy. A deputation of the Faculty of Philosophy, having at their head M. Sjöbern, Councillor of the Conferences, Dean of the Faculty, carried to the illustrious Swedish chemist his diploma, enclosed in a red box, ornamented with the arms of the University." It is thought by some to be perfectly ridiculous for the University to have conferred this diploma on a man whose reputation is more extensive than that of any person in the kingdom of Denmark, not even excepting the monarch who governs it. Had it been given to the Professor twenty years ago, it would then have been creditable to the University, but it is now too late to do anything for him that can either flatter his vanity or add to his celebrity. Mistakes of this kind are very common in our own country. The time to encourage genius is while it is struggling for development.

*Medical Miscellany.*—Lectures will commence in the Illinois College, at Jacksonville, the first Monday in November. There are five professors, viz., Drs. John James, Henry Jones, Samuel Adams, David Prince and Henry Wing.—The honorary degree of M.D. was conferred, at the late commencement of Dartmouth College, on Dr. Daniel Hovey, of Greenfield, Mass.—Dr. William C. Whittredge, of New Bedford, Mass., recently received the honorary degree of M.D., from Harvard University.—The Rush Medical College, at Chicago, announces the next course of lectures to commence the first Monday in November.—Deaths by yellow fever at New Orleans are very numerous. No abatement of the fearful epidemic is yet discoverable.—There must be something wrong in the New York Post Office, which gives rise to a second complaint from the Annalist of that city, of the non-reception of our Journal, as it has been properly directed every week without fail, and forwarded in the same package with our other New York Nos., none of which have been lately known to miscarry.

*TO CORRESPONDENTS.*—The papers of Drs. Castle and Kingsbury, of New York, were received too late for insertion this week.

*MARRIED.*—In Boston, E. J. G. Palmer, M.D., to Miss C. L. Gale.—Sidney W. Rockwell, M.D., East Windsor, Conn., to Miss M. Pelton.—At Philadelphia, Charles I. Foulks, M.D., to Miss M. S. Douglass.—In Pomfret, Conn., Dr. Thomas W. Perry to Miss C. D. Grosvenor.—At Albany, Mason F. Cogswell, M.D., to Miss Lydia Bradford.

*DIED.*—At Hartford, Conn., William James Barry, M.D., 41.—At New Orleans, of the prevailing epidemic, Dr. B. H. Hall, formerly of Louisville, Ky. Also, at the same place, and of the same disease, Dr. Joseph Jones, a native of Petersburg, Va., and late of Vicksburg, Miss.—At New York, Dr. J. A. Washington.—At Andover, Mass., Joseph Kittredge, M.D., 62.—At South Windsor, Conn., Dr. Elijah F. Reed, 80.—In Mexico, of the prevailing fever, Assistant Surgeon P. Benson Delany; Passed Assistant Surgeon Charles G. Bates, and Surgeon John A. Kearney, all of the U. S. Army.—Near Edinburgh, Dr. Andrew Combe, brother of George Combe, and well known as a popular medical author.

*Report of Deaths in Boston*—for the week ending Sept. 18th. 124.—Males, 67—females, 57.—Stillborn, 4. Of consumption, 9—typhus fever, 15—disease of the bowels, 35—dysentery, 23—cholera infantum, 2—marasmus, 2—dropsy, 1—dropsy on the brain, 1—disease of the stomach, 1—infantile, 5—teething, 2—drowned, 2—child-bed, 1—croup, 1—convulsions, 1—erysipelas, 1—old age, 3—disease of the heart, 1—diarrhoea, 12—lung fever, 1—gangrene, 1—scarlet fever, 1—paralysis, 1.

Under 5 years, 59—between 5 and 20 years, 18—between 20 and 40 years, 24—between 40 and 60 years, 15—over 60 years, 13.

**Pseudo-Doctors.**—The medical profession suffers not a little from the false assumption, or application, of the title of doctorship. It is bad enough, in all conscience, to bear the disgrace inflicted occasionally by some of its legitimate members; and to be obliged to sustain the additional burthen of the misdeeds of those who choose to style themselves *Doctors*, or upon whom the generous and discriminating public chooses to bestow the title, is an imposition of which we may reasonably complain. A short time since, among the newspaper items of the day which circulate over the whole country, it was announced that a certain Doctor somewhere in Michigan was arrested for the alleged crime of having poisoned his wife. Our esteemed contemporary, the *Annalist*, in commenting on the circumstance, gave utterance to some eloquent expressions of sorrow that the purity and nobleness of our profession should be sullied by such instances of criminal conduct in any of its members. Happening to be in conversation with one who resided in the neighborhood at the time, we learned that the individual referred to was not a regular physician, but a false pretender. An instance of a similar character has lately occurred in this city. A certain so called Dr. Allin has been committed to jail on the charge of a horrible attempt at crime upon the person of a young girl thirteen years of age. Notice of it will doubtless pass from paper to paper, and it will be generally inferred that the said Dr. Allin belongs to the Medical Fraternity of this city. This, however, is not the fact, his only known claim to the title of *Doctor* consisting in his having opened a shop for vending patent nostrums.—*Buffalo Medical Journal*.

#### UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

The Lectures in this Institution will commence on the 1st Monday of October, and continue for months.

VALENTINE MOTT, M.D., Prof. of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

SAMUEL H. DICKSON, M.D., Prof. of the Theory and Practice of Medicine.

GRABVILL SHARP PATTISON, M.D., Prof. of General and Descriptive Anatomy.

MARTIN PAINE, M.D., Prof. of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Prof. of Midwifery and the Diseases of Women and Children.

JOHN WILLIAM DRAPER, M.D., Prof. of Chemistry.

WM. H. VAN BUREN, M.D., Professor to Prof. of Surgery.

WM. DARLING, M.D., Demonstrator of Anatomy.

The fees for a full Course of Lectures amount to \$105. The Student can attend one or more of the Lectures as he may be disposed, and pay only for those which he attends. The fee for the Diploma is \$30. The Matriculation fee is \$5. The fee for admission to the Dissecting Rooms and Demonstrations is \$5.

The most ample opportunities for Clinical Instruction will be afforded to the Students of the University, and the facilities for dissection will be all that can be desired. The material is abundant and cheap. The Dissecting Rooms will be open on 1st of October. The *New York Hospital*, 15 minutes walk from the College Building, is visited daily; and the students have an opportunity of studying the various Medical and Surgical diseases of that Institution. The *Eye and Ear Infirmary*, in which more than 1,400 patients are prescribed for annually, is open to the students. The *University Surgical Clinique* is attended every Saturday at the College Buildings by Prof. MOTT, and the University students witness the various operations performed by the Professor. More than 600 patients, afflicted with every variety of malady, are brought before the Class during the session. The *University Lying-in Charity*, under the charge of Prof. BEDFORD, is ample in its arrangements. During the past five seasons, more than 1,300 cases of Midwifery have been attended by the Students of the University.

In addition to these facilities for Clinical observation, there are the various Dispensaries and Charities of the city, containing not less than 40,000 patients, presenting every possible aspect and character of disease.

Excellent Board and Lodging can be had in the vicinity of the College for \$2.50 to \$3 per week.

The number of students in attendance the last session was 413; and the Degree of Doctor of Medicine was conferred on 123.

N. B.—Students on arriving in the city, by calling at the College Building, 659 Broadway, and asking for the Janitor, will be conducted to Boarding-houses.

Any further information respecting the Institution can be had by addressing the Secretary, Prof. Draper, 659 Broadway.

By order,

JOHN W. DRAPER, Sec'y.

P. S.—The Faculty have resolved in future to deliver a Preliminary Course of Lectures during the month of October, commencing the first of the month. Lectures will, therefore, be given daily during the entire month of October, without extra charge. The Lectures will, in no way, interfere with the integrity of the regular Winter-session. The October course, together with the opening of the Dissecting Rooms on the 1st of the month, will, therefore, present additional facilities to those students, who may be disposed to avail themselves of them.

New York, June 28, 1847.

July 7.—1 Nov. 1.